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GOVERNOR

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DEPARTMENT OF PUBLIC SAFETY  
MAINE EMERGENCY MEDICAL SERVICES  
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MICHAEL F. KELLY  
COMMISSIONER

JAY BRADSHAW, EMT-P  
DIRECTOR

Medical Direction and Practice Board Meeting  
November 18, 1998

Minutes

Members present: E. Smith, D. Stuchiner, P. Goth, P. Liebow, H. Grimmnitz, R. Chag  
MEMS staff: J. Bradshaw  
Guests: J. LeBrun, W. Werts, R. Bumps

I. Previous minutes reviewed and accepted.

II. Protocol Review

- A. Pediatric albuterol - further research, no change for the time being
- B. CVA Guidelines

Discussion: Material presented including 1) proposed "protocols", 2) published criteria for evaluation of possible CVA, such as "Cincinnati Criteria", and "Los Angeles Prehospital Stroke Screen" ("Prehospital Emergency Care", Oct/Dec 1998), 3) material from new ACLS book, chapter on acute stroke, 4) Material from "Rapid Identification and Treatment of Acute Stroke", National Institute of Neurological Disorders and Stroke, Aug. 1997.

MDPB wishes to enhance early identification of acute CVA patients.

Action: Dr. Chag to communicate with Chip Boehm and others who have already worked on acute CVA prehospital education. Develop proposed protocol/guidelines in next 2 months.

- C. AHA Obstructed FB guidelines - to be included with final draft.
- D. Definition central lines - to be included in Brown section.
- E. Hazmat definition - to be included per W. Werts information, with the change in that the reference will not be a specific text, but rather to a standard curriculum.
- F. Hyperventilation - protocol suggested by J. Vaniotis. Felt to be educational issue. Will include with educational objectives as developed via this protocol review.
- G. Final draft of protocols to be distributed to MDPB for final review at Jan. meeting.

III. NAEMSD meeting - informational

Minutes of state medical director's forum at NAEMSD meeting held in Asheville, NC Oct. 98 were distributed. Common issues discussed at length included 1) Use of statewide treatment protocols, 2) alternative health care facilities, 3) EMD training, 4) Use of "medication enhanced intubation", 5) critical care transport issues, 6) Medical control and direction, 7) Public access defibrillation, 8) decertification issues.

IV. "Other Health Care Facility"

Discussion: Dr. Stuchiner provided definition of criteria used for purposes of Maine Trauma System. Further research needed. Issue came up at NAEMSD meeting as a problem in other states as well. Will obtain other states experience, put on agenda for discussion in next year.

Action: Further research. Tabled.

V. EMT-I update - informational (Bradshaw)

Operations team seeking input from regions and providers on feasibility of implementation of this program, discussing cost and training issues, etc.

VI. Lifeflight of Maine mailing to protocol book, F/U

Discussion: John Fields talked to regional coordinators following last meeting. No major concerns were identified. Eliot Smith sent a letter to the commissioner expressing concerns over the mailing. At this point, there do not appear to be any points which need to be clarified, and no further action or F/U seems to be needed.

Action: Dr. Chagrasulis to send a letter to the commissioner stating the MDPB has discussed this issue, and there do not appear to be any other issues which need to be addressed at this point. Both the MEMS office and the operations team were involved in this process. Unfortunately, the use of the term "protocol" has led to concerns, but at this time there does not appear to be necessary any further action.

VII. Other

A. Samoset conference. MDPB forum at Samoset was well attended. Medical control physician education continues to be a major concern from the providers. The MDPB will discuss this as a primary goal for 1999.

Issues that were discussed in 1997 at Samoset were addressed in the past year by the MDPB. This forum is a good opportunity for providers to interact directly with the MDPB.

Other discussions included possible use of drugs in isolated areas. Perhaps the data committee could look at types and numbers of areas in Maine where this might be an issue; another topic to be addressed is potential use of non-protocol drugs.

Provider input is welcomed by the MDPB, and providers are invited to attend meeting.

B. EMS day for the legislature is scheduled for Jan. 21, approx 8 am till noon; MDPB members are encouraged to attend.

Next meeting to be retreat format, 3rd Wed. of Jan. 99 - place to be announced.

Submitted,

Rebecca Chagrasulis, MD FACEP  
Chair, MDPB